



**INSURANCE TAX RETURN**  
**Life and Accident and Health Companies**  
State Form 6136 (R 12/06)  
Approved by State board of Accounts, 1991

NAIC Number (5 digits)

Federal Identification Number

Calendar year Ended

**COMPANY INFORMATION**

Company Name

Contact Address (Street, City, and State)

Zip Code

State of Incorporation

Date of Incorporation

**INSTRUCTIONS**

1. The Return, which must be typewritten, pertains to Indiana business during the twelve-month period ending December 31. The Return is due, at the address listed below, to be received on or before **March 1** and will be **delinquent** after that date.
2. Items received at addresses other than the address below will be forwarded to the lockbox and may incur penalties if delinquent.
3. The amount due should be calculated and a check payable to the Indiana Department of Insurance prepared for the amount shown on page 2, line 23 of this return. If preparing multiple returns for the Indiana Department of Insurance, a separate check must be prepared for **each** company. Refer to item #6 below.
4. The retaliatory portion, page 2, column 2, is to be completed as if your company were an Indiana company completing the form for your state of incorporation. **Deductions may be made only if your domicile state allows such deductions for similar Indiana Companies.** Please attach all applicable tax statements from your State of Incorporation. Complete the statement(s) based on Indiana Premiums on the basis of what a foreign company would pay in your state (including assessments). Use line 12, 13 or 14 for additional taxes or assessments charged.
5. Please refer to Indiana Insurance Code 27-1-18-2 for Gross Premium Privilege Tax and 27-1-20-12 for Retaliatory Provisions. The code is available on Indiana's web site (<http://www.ai.org/legislative/ic/code/>).
6. Attach a completed copy of the Indiana Business page from the Company's Annual Statement to this return and payment.
7. **Do not include the Return with any other filing or Insurance Department Correspondence.** If filing Returns for multiple companies within a holding company, a return for **each** company must be prepared with original signature, separate check and mailed separately to the following address:

**INDIANA DEPARTMENT OF INSURANCE  
BANK LOCKBOX  
POST OFFICE BOX 577  
INDIANAPOLIS, INDIANA 46206-0577**

**PREPARER INFORMATION**

Name of preparer or contact person/Title or Position held

Telephone number  
(     )

Contact Person's Email Address

Fax #  
(     )

LIFE AND ACCIDENT AND HEALTH INSURANCE COMPANIES			
Company:		Indiana Premium Tax Statement for Year _____	
NAIC#: _____ State of Domicile: _____		Original Return _____	Amended Return _____
PREMIUM & ANNUITY CONSIDERATIONS		Column - 1	Column - 2
		Indiana Basis	State of Incorporation Basis
1. Life insurance premium (Column 5, line 1 Indiana State Page of Annual Statement)		\$	\$
2. Annuity considerations (Column 5, line 2 Indiana State Page of Annual Statement)		XXXX	
3. Accident, health and hospitalization premium (column 1, line 26 Indiana State Page of Annual Statement)			
4. Reinsurance premiums received on risks located in Indiana			
5. <b>Total Premium and Annuity Considerations</b> (sum of lines 1 through 4)			
DEDUCTIONS			
6. Dividends to policyholders permitted by IC 27-1-18-2(a)(2) (Column 5, lines 6.1 and 6.2 and Column 3, line 26 on the Indiana State page of the Annual Statement)			
7. Considerations received for reinsurance of risks within this State from companies authorized to transact business in this State permitted by IC 27-1-18-2(a)(1)			
8. Other (identify – provide supporting documentation where necessary)			
9. <b>Total Deductions</b> (Lines 6 through 8)			
(Additional Assessments/Taxes must be entered on lines 12-14 for column 2 – State of domicile)			
10. Net taxable insurance premiums, line 5 minus line 9 (if less than zero; enter 0)			
11. Domicile premium tax rate of _____% x Col. 2, line 10 (1.3% for Indiana x Column 1, line 10) Do not enter negative amount.			
12.		XXXX	
13.		XXXX	
14.		XXXX	
15. <b>Totals</b> (sum of lines 11 through 14)			
16. Retaliatory tax due - enter difference between Columns (1) and (2) of line 15 if Column (2) amount exceeds Column (1); otherwise enter '0'. (See notes 1 and 2 below)			
17. Sub-total tax (sum of Column 1, line 15 plus line 16)			
TAX CREDITS (ATTACH SCHEDULE 1)			
18. Total Assessment Credit (Total from Schedule 1, Section A)			
19. Total State Of Indiana Tax Liability Credits According to IC 6-3 and 6-3.1 (Total from Schedule 1, Section B)			
20. <b>Total Tax</b> (line 17 less lines 18 and 19)		\$	
21. Overpayment prior year, not refunded		\$	
22. Estimated tax paid:			
a. April 15		\$	
b. June 15		\$	
c. September 15		\$	
d. December 15		\$	
e. Total Estimates paid: (sum of 22a through 22d)		\$	
23. <b>NET TAX DUE</b> (line 20 less lines 21 and 22e)		\$	
<p>Note 1: Enter and describe other taxes imposed by your state of domicile. Attach completed copies of all state tax returns required by your state of domicile using Indiana premiums in calculations prepared on the basis of what an Indiana company would pay your state including assessments.</p> <p>Note 2: Enter other assessments made by your state of domicile against Indiana companies for which premium tax credit is not given. To be included are assessments such as Fraud Bureau, funding of specialized insurance department services, insurance general operating maintenance expense assessments, etc., show Calculations where needed.</p>			
<p>The undersigned Treasurer of being first duly sworn upon his/her oath says that this return (including any accompanying schedules and statements) is to the best of his/her knowledge a true, correct and complete statement of the information called for and that proper care has been taken in the preparation of this Return.</p>			
<p>State of _____ } SS:</p> <p>County of _____</p>		<p>Signature of Treasurer</p>	
<p>Date subscribed and sworn to Notary Public</p>		<p>Printed or typed name of Treasurer</p>	
<p>Date Commission expires</p>		<p>Printed or typed name of Notary Public</p>	
<p>County of residence</p>		<p>Signature of Notary Public</p>	

# SCHEDULE 1

(Attachment – 12/06)

INDIANA INSURANCE PREMIUMS - TAX LIABILITY CREDITS	
Company: _____  NAIC#: _____ State of Domicile: _____	Indiana premium tax statement for year ____  Original _____ Amended Return _____
<b>Section A: ASSESSMENTS (attach credit worksheet located at <a href="http://www.in.gov/idoi/pdf/guarantyfund.pdf">http://www.in.gov/idoi/pdf/guarantyfund.pdf</a>)</b>	
Indiana Insurance Guaranty Fund Assessments; if taking credit, limited to 20% of assessment paid. See IC 27-6-8-15. (Proof of assessment and payment must be attached)	\$
Comprehensive Health Association Assessment; See IC 27-8-10-2.4 (Eff. 1/1/05) (Proof of assessment and payment must be attached)	<b>NOT AVAILABLE</b>
Indiana Life and Health Guaranty Fund Assessments; if taking credit, limited to 20% of assessment paid. See IC 27-8-8-16 (Proof of assessment and payment must be attached)	
Total Assessment Credits (sum of this section; enter total on pg 2, line 18 for Life or line 14 for P&C)	\$
<b>Section B: STATE OF INDIANA TAX LIABILITY CREDITS (According to IC 6-3 and 6-3.1)</b>	
Enterprise zone employers; credit; employment expenditures– See IC 6-3-3-10 (provide evidence of qualification & worksheet)	\$
Enterprise Zone Loan Interest Credit (provide proof per IC 6-3.1-7)	
Industrial Recovery Tax Credit (provide proof per IC 6-3.1-11)	
Military Base Recovery Tax Credit (provide proof per IC 6-3.1-11.5)	
Economic Development for a Growing Economy Tax Credit (provide proof per IC 6-3.1-13)	
Capital Investment Tax Credit (provide proof per IC 6-3.1-13.5)	
Tax Credit for Computer Equipment Donations (provide proof per IC 6-3.1-15)	
Indiana Riverboat Building Credit (provide proof per IC 6-3.1-17)	
Community Revitalization Enhancement District Tax Credit (provide proof per IC 6-3.1-19)	
Rerefined Lubrication Oil Facility Credit (provide proof per IC 6-3.1-22.2)	
Venture Capital Investment Tax Credit (provide proof per IC 6-3.1-24)	
Hoosier Business Investment Tax Credit (provide proof per IC 6-3.1-26)	
Blended Biodiesel Tax Credits (provide proof per IC 6-3.1-27)	
Ethanol Production Tax Credit (provide proof per IC 6-3.1-28)	
Coal Gasification Technology Investment Tax Credit (provide proof per IC 6-3.1-29)	
Headquarters Relocation Credit (provide proof per IC 6-3.1-30)	
Total Tax Liability Credits (sum of this section; enter total on page 2, line 19 for Life or line 15 for P&C)	\$